

**CIRCUIT COURT**

STATE OF WISCONSIN	COUNTY
STATE OF WISCONSIN  Plaintiff  vs  Defendant	PETITION FOR CAPIAS  Court Case Number  Client Number

Date the Defendant was committed by this court

Offense(s):

Date the defendant was released on conditions by the court and placed under supervision:

Date the defendant violated conditions and / or DHFS rules of supervision for persons on conditional release:

Alleged violations:

Therefore, the Department of Health and Family Services petitions the court seeking a capias commanding the Sheriff to take the named individual into custody pending further order of this court.

\_\_\_\_\_  
**SIGNATURE** – DHFS Representative

\_\_\_\_\_  
Date Signed

**DISTRIBUTION:** COPIES - Releasing Court, DHFS/DCTF Forensic Specialist